U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

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O.M.B. No.	1660-0006	Expires	lulv	· 3 L	. 2006

	REASON FOR CHANGE:			IMPORTANT-	— PLEASE PRINT OR TY	YPE	L				
	(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).										
₹Ğ	CHANGE DIRECT BILL INSTRUCTIONS		POLICY PERIOD I		SURED PROPERTY LOC		_TO		_		
POLICY	BILL INSURED BILL FIRST BILL SECOND MORTGAGEE	MORTGAGEE	WAITING PERIOD	d: Standar	RD 30-DAY						
	BILL LOSS PAYEE BILL OTH	FR						TO SHFA)— ONE DAY	M THE ENDORSEMENT API	PLICATION DATE	
	ADDRESS OF LICENSED PROPERTY OR CA		l.			_		G ADDRESS, AND TELEPH		LICATION DATE	
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	(PLEASE SPECIFY) NAME AND ADDRESS OF FIRST MORTGAGEE IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOL										
B	IF SECOND MORTGAGEE LOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS										
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_	PHONE NO.:	FAX NO.:					T G				
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000	CANNOT BE CHANGED BY ENDORSE A NEW APPLICATION IS REQUIRED						O H				
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	OTHER RESIDENTIAL				(INCLUDE NON-RES.) HIGH-RISE LOW-RISE			E BUYBACK? HOMES/TRAV			
	NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)		MORE SPLIT LE		DEDI ACEMENT COST		YYES				
פט	BASEMENT OR ENCLOSED AREA	1	NHOUSE/ROWHOUS		REPLACEMENT COST \$	Г	IS BUILDING EL	EVATED?		P	
BUILDING	BELOW AN ELEVATED BUILDING:	_ `	JFACTURED (MOBIL	′ I			YYES			'	
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8	is personal property household contents? Y yes N no if no, please describe:										
		Г				CONSTRUCTION / / AM/SDAGG					
	ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: BUILDING PERMIT DATE OR DATE OF CONSTRUCTION										
DATA	SUBSTANTIAL IMPROVEMENT DATE/ (MM/DD/YY) MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES/ (MM/DD/YY)										
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) I											
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	(SEE FLOOD INSURANCE MANUAL FO			TES ET NO	ELEVATION CERT						
		O INCREASE/DEC	CREASE COVERAGE,	COMPLETE SECT	TIONS A & B.	FOR RA	TE CHANGE, CO	OMPLETE SECTION A O	NLY.		
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و	INSURANCE COVERAGE	AMC	CURRE DUNT	RATE	PREMIUM		+ INCREASED	— DECREASED CO	OVERAGE ONLY PREMIUM	TOTALS	
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AND	CONTENTS ADDITIONAL										
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SIGNATURE	BEST OF MY KNOWLEDGE. I UNDERST UNDER APPLICABLE FEDERAL LAW.	TAND THAT ANY	FALSE STATEMENT	'S MAY BE PUNISI	HABLE BY FINE OR IM	iprisoni	MENT	(Excludes Probation S Constant/ Federal Poli			
UDIS								DIFFERENCE	(+/-)		
V)	SIGNATURE OF INSURED AND DA	ATE	SIGNATURE OF IN	SURANCE AGEN	T/BROKER	DATE (I	MM/DD/YY)	PRO RATA FACTO	(+/-)		

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

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O.M.B. INO.	1660-0006	Expires i	uly 31.	, 2006

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A O			NEW AGENT?			M S							
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ST							2 N D	2ND MORTGAG	GEE DISASTER AG	ENCY			
FIRST	LOAN NO.:	_					M O	LOSS PAYEE	IF OTHER PL	EASE SPECIFY:			
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U	(INCLUDING HOTEL/MOTEL)	☐ TOWI	NHOUSE/ROWHOUSE	USE/ROWHOUSE ESTIMATED REPLACEMENT COST AMOUNT \$			Y YES		-		N		
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	DOES INSURED QUALIFY AS A SMALL BUSINESS RISK?	OF OCCUPANCIES IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? Y YES N NO			E OF		A BELOW IS:						
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8	IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? Y YES NO IF NO, PLEASE DESCRIBE:												
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DATA				CON	ISTRUCTION DATE C	OF MOBI	LE HOME PARK	OR SUBDIVISION FAC	ILITIES//	_ (MM/DD/YY)			
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		TO INCREASE/DE	CREASE COVERAGE, CO		ONS A & B.	FOR RA	TE CHANGE, CO	OMPLETE SECTION A O	NLY.	NEDA COST			
ט	INSURANCE COVERAGE		CURRENT	TION A		_	+ INCREASED	SECTION B — DECREASED CO		NEW PREMIUM TOTALS			
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	BUILDING ADDITIONAL CONTENTS BASIC												
E AND	CONTENTS ADDITIONAL					DAY #	NIT	SUBTOTAL					
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SIGNATURE	BEST OF MY KNOWLEDGE. I UNDERS UNDER APPLICABLE FEDERAL LAW.	TAND THAT AN	y false statements n	1AY BE PUNISH	IABLE BY FINE OR IM	PRISONI	MENT	(Excludes Probation S Constant/ Federal Poli	cy Fee)				
SIGN								DIFFERENCE PRO RATA FACTOI	(+/-)				
	SIGNATURE OF INSURED AND D	ATE	SIGNATURE OF INSU	RANCE AGENT	T/BROKER	DATE (I	MM/DD/YY)	TOTAL	(+/-)				

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

				IMPORTANT	- PLEASE PRINT OR T	YPE	l				
	REASON FOR CHANGE: (ATTACH MEMO IF ADDITIONAL SPACE	E IS NEEDED).									
Σΰ	CHANGE DIRECT BILL INSTRUCTION			DLICY PERIOD IS FROMTO							
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										PLICATION DATE	
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AS	ENTER CASE FILE NUMBER OR INSUR	RED'S SOCIAL SEC	CURITY NUMBER _					OTHER	(PLEASE SPECIFY)		
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FIRST MORTGAGE							2	2ND MORTGA	GEE DISASTER AG	GENCY	
ORT	LOAN NO:						Ñ D M O	LOSS PAYEE	☐ IF OTHER PL	EASE SPECIFY:	
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	☐ NON-RESIDENTIAL		☐ I ☐ 2 ☐ 3 OR MORE ☐ SPLIT LEVEL ☐ TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY)		HIGH-RISE LOW-RISE			E BUYBACK? COMPLETE PART 2, S		SECTION III.	
<u>o</u>	(INCLUDING HOTEL/MOTEL) BASEMENT OR ENCLOSED AREA	7			ESTIMATED REPLACEMENT COST AMOUNT \$		IS BUILDING ELEVATED?			F	
BUILDING	BELOW AN ELEVATED BUILDING:	`	IUFACTURED (MOBILE)				YES YES		I		
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	IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? YES NO IF NO, PLEASE DESCRIBE:										
	ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: BUILDING PERMIT DATE OR DATE OF CONSTRUCTION/ (MM/DD/YY) SUBSTANTIAL IMPROVEMENT DATE/ (MM/DD/YY) MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION:										
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POLIC		T MORTGAGEE	I –	12:01 A.M LOCAL TIME AT THE INSURED PROPERTY LOCATION WAITING PERIOD: STANDARD 30-DAY							
Z L	BILL SECOND MORTGAGEE		I		RD 30-DAY MAP REV. (ZONE CHA)	NGE ERO	M NON-SHEA	TO SHEA)— ONE DAY			
	BILL LOSS PAYEE BILL OTH	HER	ENDORSEMENT EFFEC.		,			,	MTHE ENDORSEMENT APP	PLICATION DATE	
	ADDRESS OF LICENSED PROPERTY OR CA	ASUALTY	ADDRESS CHANGED	y Y _{YES}	N _{NO}	١	NAME, MAILING	G ADDRESS, AND TELEPH	IONE NO. OF INSURED:		
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GA							2 N D	2ND MORTGA	GEE DISASTER AG	GENCY	
R IN	LOAN NO.:						M	LOSS PAYEE	☐ IF OTHER PL	EASE SPECIFY:	G
Σ	PHONE NO.:	FAX NO.:		_			R T G				A
	IS INSURED PROPERTY LOCATION SA						Ā Ģ E				_
Fo	IF NO, ENTER PROPERTY ADDRESS, IF	RURAL, DESCRIB	E PROPERTY LOCATION	I (DO NOT	USE P.O. BOX)		E				G
CAT	THE LOCATION OF INSURED PROPER CANNOT BE CHANGED BY ENDORS						9	LOAN NO.:			
E 0	A NEW APPLICATION IS REQUIRED						H E R	PHONE NO.: FAX NO.:			Е
Σ											
E S	NAME OF COUNTY/PARISH?						OUNTY? Y	YES NO	ATVOS IS D	[F] eve	
COMMUNIT	COMMUNITY NO./PANEL NO. AND SI IS BUILDING IN SPECIAL FLOOD HAZ						. C	ommunity Prograi	MTYPE IS: R REGULAR	E EMERGENCY	
S	BUILDING OCCUPANCY	1		1							C
	SINGLE FAMILY	BUILDING (INC			AL CONDOMINIUM ASSOCIATION POLICY		DEDUCTIBLE	ING \$	DESCRIBE BUILDING IF NOT A 1-4 FAMIL		
	2-4 FAMILY	OR BUILDING	CLOSED AREA, IF ANY) TYPE	ONLY. TOTAL NUMBER OF UNITS(INCLUDE NON-RES.)				TENTS \$	FOR MANUFACTUR HOMES/TRAVEL TRA		Ε
	OTHER RESIDENTIAL	□ ı	☐ 2	· ·	HIGH-RISE LOW	RISE C	DEDUCTIBLE B		COMPLETE PART 2,		
	NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)	MORE SPLIT LEVEL	ESTIMATED REPLACEMENT COST			YES	N NO			R	
DING	BASEMENT OR ENCLOSED AREA	7	AP LOWRISE ONLY)		\$		S BUILDING EL	EVATED?			т
ΙΕΡ	BELOW AN ELEVATED BUILDING:		JFACTURED (MOBILE)				YYES				
BUIL	☐ NONE☐ FINISHED		E/TRAVEL TRAILER ON IDATION	IC DI III DIN	IG INSURED'S PRINCIPA		IF BLIII DIN	IG IS ELEVATED, COM-	-		
	UNFINISHED DOES INSURED QUALIFY AS A SMALL		LE FAMILY DWELLING,	PESIDENCES Y VES N NO			PLETE PART 2 OF THE FLOOD INSURANCE APPLICATION.				_
		THE NUMBER (THE NUMBER OF OCCUPANCIES		ISTHIS BUILDING IN THE COURSE OF		INSURANCE APPLICATION. IF YES, AREA BELOW IS:				F
	BUSINESS RISK? YYES NO	(UNITS) IS		CONSTRUCTION? Y YES N NO		_	OF OBSTRUCTION	IS INSURED PROPERTY			
	L' YES L' NO	CONDO COVE	ERAGE IS FOR: ENTIRE BUILDING				☐ WITH	? YYES N NO	1		
NTS											C
CONTENTS	LOWEST FLOOR ABOVE GROUND LEVELAND HIGHER ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IE SINGLE FAMILY CONTENTS ARE RATED THROUGHOUT THE BUILDING)										A
O	ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING) IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? YES NO IF NO, PLEASE DESCRIBE:										
											Т
	ALL BUILDINGS: CHECK ONE OF THE	E FIVE BLOCKS:	BUILDING PERMIT	DATE OR	DATE OF CONSTR	RUCTION	1/_	/ (MM/DD/YY))		
DATA	SUBSTANTIAL IMPROVEMENT DA	TE/	_/ (MM/DD/YY)		•	,			MOBILE HOME PARK OR		1
		AFCITE ALIE:	EDG. G. G. T						CILITIES//	,	
CONSTRUCTION	MANUFACTURED (MOBILE) HOM	1ES/ I RAVEL TRAIL	LEKS LOCATED OUTSID	E A MOBILE	home Park or Subd	IVISION:	DATE OF PER	.manent placement	/(MM/DD/	/TY)	0
S											N
STR	IS BUILDING POST-FIRM CONSTRUCT IF POST-FIRM CONSTRUCTION IN ZO				DIAGRAM NUMBER			LOWEST ADJACENT	, ,		IA
O	LOWEST FLOOR ELEVATION		e,ao,an,v,v1-v30,ve,o Base flood elevation		(=) DIFFERENCE TO				i. ONES V AND V I -V30 ONL	Y	
	DOES BASE FLOOD ELEVATION INCL			N NO				NO			
	(SEE FLOOD INSURANCE MANUAL FO	OR CERTIFICATIO	ON FORM.)		ELEVATION CERTI	FICATION	N DATE				
		TO INCREASE/DE	CREASE COVERAGE, CO		TIONS A & B.	FOR RAT	E CHANGE, CO	OMPLETE SECTION A C	ONLY.		
(D	INSURANCE COVERAGE			ON A COVERAGE		+	- INCREASED	SECTION B — DECREASED C	OVERAGE ONLY	NEW PREMIUM TOTALS	C
RATING		AMO		ATE	PREMIUM		10UNT	RATE	PREMIUM		
	BUILDING BASIC BUILDING ADDITIONAL										0
AND	CONTENTS BASIC										
	CONTENTS ADDITIONAL					PAYMEN	NT	SUBTOTAL	l		Р
COVERAGE	IF CHANGING AMOU	INT OF INSURAN	CE, ENTER NEW TOTAL	AMOUNT BE	LOW	OPTION		DEDUCT. DISCOU	INT/SURCHARGE		Y
OVE	BUILDING COVERAG	iE	CON	TENTS COV	ERAGE	│∐ cr	REDIT CARD	SUBTOTAL			
Ü						0	THER:	ICC PREMIUM SUBTOTAL			
	BASIC ADDITIONAL	TOTAL	BASIC A	DDITIONAL	. TOTAL			CRS PREMIUM DIS	COUNT %		
								SUBTOTAL	ISIN D.: -		
Щ	IF RETURN PREMIUM, MAIL REFUND T	O: INSURED	☐ AGENT ☐ PAYO	OR. THE ABO	OVE STATEMENTS ARE (CORRECT	T TO THE	PREMIUM PREVIOUS (Excludes Probation S			
SIGNATURE	BEST OF MY KNOWLEDGE. I UNDERS UNDER APPLICABLE FEDERAL LAW.	HAI ANY	FALSE STATEMENTS MA	AT RE PUNIS	hable by fine OR IM	-ki3ONM	IEIN I	Constant/ Federal Pol	0 ,		
NDIS								DIFFERENCE	(+/-)		
	SIGNATURE OF INSURED AND D	ATE	SIGNATURE OF INSUR	ANCE AGEN	IT/BROKER	DATE (M	IM/DD/YY)	PRO RATA FACTO	(+/-)		

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT FEMA FORM 81-18

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B)

Solicitation of the Social Security Number (SSN) is authorized under provisions of Executive Order 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide for your precise identification.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 9 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**